

Grievance 4Exhibit 1

Allegheny County Bureau of Corrections Inmate Complaint/Appeal Form

Complaint or Appeal # _____ (Staff Only) Sub-category Code: _____ (Staff Only) Released: _____ (Staff Only)

To: Grievance Officer

Date of Complaint: 12-14-20Inmate Name: Justin Miller (Print Legibly)DOC #: 163590Pod: 80 Cell #: 113Complaint Shift (check one shift)7x3 X 3x11 _____ 11x7 _____Complaint Category (circle one category OR write the complaint # decision you are appealing)

Inmate Account

Food Service

Mailroom

Maintenance

Records

Mental Health

Medical

Staff Conduct

Jail Procedure

Property

Other: _____ (print) Appealing Complaint # _____

Inmate Instructions: Complete the above sections then briefly state your complaint or reason for appealing a complaint decision below on one form only. Sign your name at the bottom of this form then place the white copy in the housing unit complaint box located at the Officer's desk. Matters dealing with institutional disciplinary procedures will be dealt with by the Program Review Committee (P.R.C.) and cannot be grieved. Inappropriately filed complaints or a submission that concerns a non-grievance issue will be returned to you and not processed. This includes but is not limited to submissions on multiple forms, checking more than one shift, circling more than one category, not printing your name legibly, not signing your name, filing an appeal before your complaint has been answered, and/or filing an appeal five or more days after a decision was rendered. If you are appealing a complaint decision you must submit your original pink copies of your Inmate Complaint Form and the Complaint Findings Form that you were given.

Inmate Complaint OR Reason for Appeal (Print Legibly)

On 12-12-20 to 12-14-20 I was housed on 8E cell 208 in a suicide gown after it was alerted to Michelle K. and Sgt. Gillespie I was suicidal. I was kept in RHU instead of being moved to a mental health pod for observation. There was no 15 minute observation rounds done or documented. Multiple alerts were put in my medical report to move me to SC, which was never done. I had no access to mental health or medical, for my call button was ignored or I was told they would refuse to call. My life was in danger being I was not mentally sound at the time. This has violated jail policy as well as my 8th and 14th amendment. This issue needs to be resolved due to the danger of putting my life in jeopardy.

Inmate Signature: [Signature]Today's Date: 1-7-2021

White: Staff Copy

Pink: Inmate Copy

Grievance 2

Exhibit 2

Allegheny County Bureau of Corrections Inmate Complaint/Appeal Form

Complaint or Appeal # _____ (Staff Only) Sub-category Code: _____ (Staff Only) Released: _____ (Staff Only)

To: Grievance Officer

Date of Complaint: 12-15-20Inmate Name: Justin Miller (Print Legibly)DOC #: 163590Pod: 80 Cell #: 113Complaint Shift (check one shift)7x3 X 3x11 _____ 11x7 _____Complaint Category (circle one category OR write the complaint # decision you are appealing)

Inmate Account	Food Service	Mailroom	Maintenance	Records
Mental Health	<u>Medical</u>	Staff Conduct	<u>Jail Procedure</u>	Property
Other: _____	(print)	Appealing Complaint # _____		

Inmate Instructions: Complete the above sections then briefly state your complaint or reason for appealing a complaint decision below on one form only. Sign your name at the bottom of this form then place the white copy in the housing unit complaint box located at the Officer's desk. Matters dealing with institutional disciplinary procedures will be dealt with by the Program Review Committee (P.R.C.) and cannot be grieved. Inappropriately filed complaints or a submission that concerns a non-grievance issue will be returned to you and not processed. This includes but is not limited to submissions on multiple forms, checking more than one shift, circling more than one category, not printing your name legibly, not signing your name, filing an appeal before your complaint has been answered, and/or filing an appeal five or more days after a decision was rendered. If you are appealing a complaint decision you must submit your original pink copies of your Inmate Complaint Form and the Complaint Findings Form that you were given.

Inmate Complaint OR Reason for Appeal (Print Legibly)

On 12-15-20 in RHU 8E cell 208 I was on a hunger strike due to not receiving medical attention. At 6:50am I refused meal 9 at 11:35am I refused meal 10 and at 4:00pm I refused meal 11. Policy states after meal 9 I am to be transferred for medical observation to a Pod with the correct staff. Instead my water was shut off and toilet in RHU and I was not transferred until later that night around 9:00pm. Policy was broken and my life was put in imminent danger. My 8th and 14th amendments were violated due to this punishment. This issue needs to be resolved so it puts no other lives as well as my own in danger.

Inmate Signature: Justin MillerToday's Date: 1-7-21

White: Staff Copy

Pink: Inmate Copy

G-3 [Grievance 3] Exhibit 3

To: Grievance Officer
 Date of Complaint: 12-15-20
 Inmate Name: Justin Miller
 Doc - 163590
 Pod - 80 - cell - 205
 Complaint Shift - (7x3)
 Complaint Category - (Medical)

Inmate Complaint:

My 8th and 14th amendments were violated. Between 12-15-20 to 12-18-20 I was on SC/SD for a hunger strike. My water and toilet were shut off. I was denied blood sugar checks, blood pressure checks, or any help, I was denied by nurse, PA's, and medical health. One in particular who kept telling me she didn't care was Megan Lebakker. They said they were told due to a hunger strike I could not receive help. This is against policy and my life was put in danger. I'm seeking monetary damages. These can be discussed with my Attorney Patrick Thomassey.

Inmate Signature:  Today's Date 6-12-21

NAME Justin Miller

ACJ NO: 163590 - 80 cell 205

ALLEGHENY COUNTY JAIL

TO

ATTN: Grievance

INTEROFFICE MAIL

Inmate Copy

Date of Complaint: 12-17-20 to 12-18-20

Inmate Name: Justin Miller

Doc # - 163590

Pod - 8D cell - 205

Complaint Shift - (7+3)

Complaint Category - (Staff Conduct)

Exhibit 4

Inmate Complaint:

My 8th and 14th amendment rights were violated, I was on Pod 5D from 12-17-20 to 12-18-20. C/O Wagner shut my water and toilet off in cell 28 while I was on a hunger strike stating "I'll fucking break you". I was denied mental health and medical from him and denied toilet paper, soap, and toothbrush. I had to shit and piss on top of old shit and piss. He put my life in danger, I'm seeking monetary damages. My attorney Patrick Phomessy can be contacted to settle.

Inmate signature: Justin Miller Today's date: 6-12-21

NAME Justin Miller

ACJ NO: 163590 - 8D cell 205

ALLEGHENY COUNTY JAIL

TO

ATTN: Grievance

INTEROFFICE MAIL

Inmate Copy

Date of Complaint: 12-17-20, 12-18-20

Inmate Name: Justin Miller

DOC # - 163590

Pod-80 cell-205

Complaint Shift - (7+3)

Complaint Category - (Mental Health)

Inmate Complaints:

On 12-17-20 and 12-18-20 my 14th and 8th Amendment rights were violated. During this time I was on a hunger strike and placed in Pod 50 cell 28. I repeatedly pleaded for help from MTS Mejia Lebakken who was at the C.O. Desk with C.O. Wagner who had shut my toilet and water off to break me. She said she was ignoring me due to I was on a hunger strike. I'm a Mental Health patient within this facility. She knows I had just got off suicide watch and allowed me to suffer. To resolve this issue she needs to be fired and I need paid monetary damage to be discussed with my Attorney Patrick Thomassey.

Inmate Signature: [Signature] Today's Date: 6-12-2021

NAME Justin Miller

ACJ NO: 163590-80

ALLEGHENY COUNTY JAIL

TO
ATTN: Grievance

INTEROFFICE MAIL

Inmate Copy